## State of South Date of Statement of Financial Interest Candidate for Public Office

Appendix F RECEIVED

FEB 2 7 2008

File statement in the office where your nominating petition or convention nomination certification was filed. STATE

Please read information on reverse side before completing this form.			
1. Name Eldon Engene	e Nygaard		
2. Address 1419 E. Cherr	y St. Vermillion, 50,5706		
	ate Representative		
4. What is your occupation/profession?	, tarmer, wine maker		
5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.  La Lant Juneyavas, Inc.  Farming 160 acves  Active Army Officer	What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.  Wife \$500 work here  Whe work on the farm in Turner Caty  MA		
6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.    A lant   laneyav65, Inc.	What is the nature of your immediate family's association with each?  Wife and Lown 50 76		
Fauning Enterprise	wife and I own 100%		
State of South Daketa ) SS. County of)	Verification		
	Regarding Statement of Financial Interest (attached), my tion reported is a complete, true and accurate representation of med)		
(Seal) Filed this To day of Revised 1997 Feb. 08	Officer Administering Oath My commission expires:		
Ol. ma	4-1-1-2013		

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SECRETARY OF STATE

## Section 3

If any organization contributes more than ten thousand dollars in the aggregate to a ballot question committee and is comprised of twenty or fewer members or shareholders, the organization must submit with the contribution the name and address of each shareholder or member who owns ten percent or more of the organization.

Nam	e of Shareholder or Member	Street Address	
Date:	Signature:		
	<b>y</b>		

State law requires you to submit this information to the treasurer of the committee you are making the contribution to.

